

## Foster Family Home - Corrective Action Report

Provider ID: 1-512633

Home Name: Shirley Gapuz, CNA

Review ID: 1-512633-8

91-1178 Kuano'o Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 1/3/2019

Foster Family Home Required Certificate

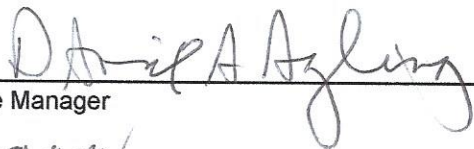
[11-800-6]

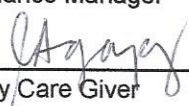
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/3/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

1/3/19  
Date

1/3/19  
Date